

HEROIN^{*}

Only seven sources in five cities (Boston, Philadelphia, Portland [ME] in the Northeast and Baltimore and New Orleans in the South) consider heroin the most commonly used drug (methadone treatment sources are excluded from that count because heroin is nearly always the most commonly used drug in those programs). However, heroin, more than any other drug, contributes to the most serious consequences—that is, medically, legally, societally, or other-

wise—according to 31 sources in 15 cities: all four cities in the Northeast; Baltimore, Columbia (SC), El Paso, New Orleans, and Washington, DC, in the South; Chicago, Detroit, and St. Louis in the Midwest; and Denver, Los Angeles, and Seattle in the West.

Compared with the last *Pulse Check* reporting period, the non-methadone treatment source in Washington, DC, believes that heroin has replaced crack as the drug contributing to the most serious consequences, and two sources in Portland believe that

heroin has replaced pharmaceutical opiates and diverted OxyContin[®] (oxycodone hydrochloride controlled-release) as the drug with the most serious consequences. Similarly, heroin has replaced cocaine as the most commonly used drug according to sources in two southern cities: El Paso and New Orleans. According to the law enforcement source in Portland, it has replaced marijuana as the most commonly used drug.

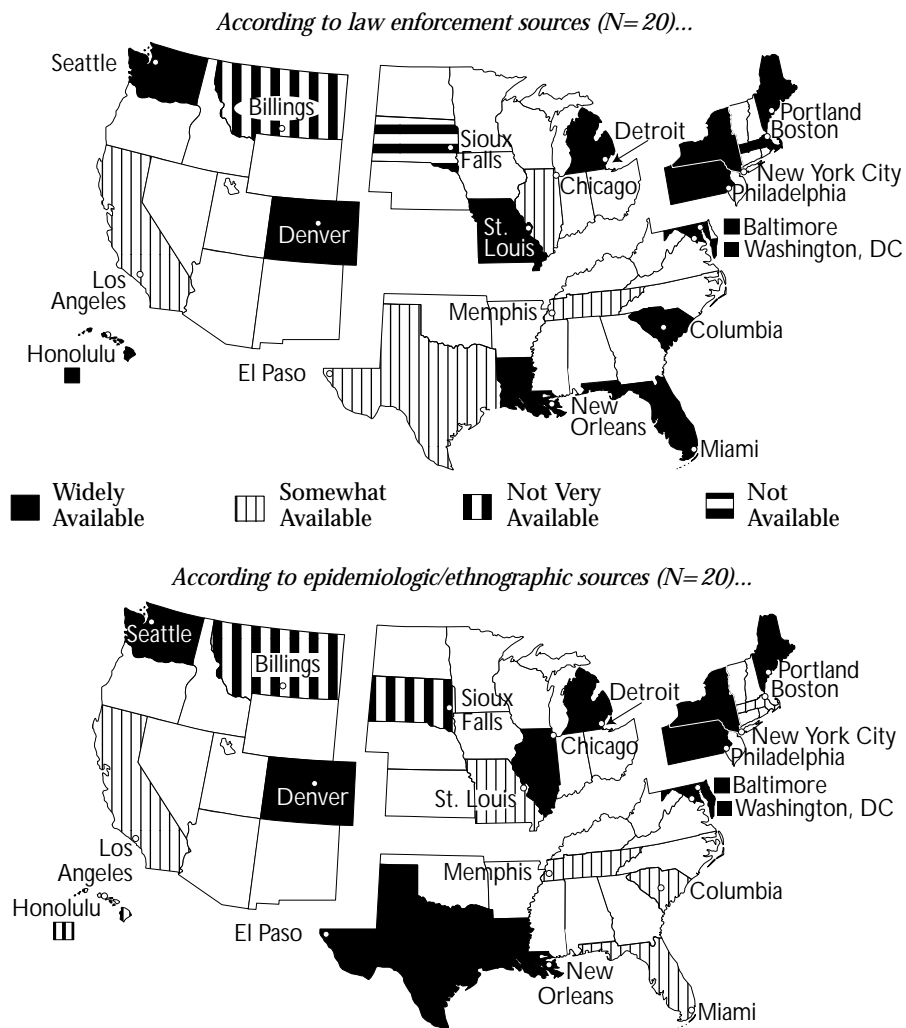
HEROIN: THE DRUG

How available is heroin—in its various forms—across the country? (*Exhibits 1, 2, and 3*) More than half (23) of the 40 *Pulse Check* law enforcement and epidemiologic/ethnographic sources consider heroin widely available in their communities. Sources in the Northeast and South continue to report wider heroin availability than their counterparts in the Midwest and West. Only four sources in two cities (Billings and Sioux Falls) consider heroin not or not very available.

As reported in the last several issues of *Pulse Check*, high-purity snortable South American (Colombian) white heroin is the most common type, especially in the Northeast. Mexican black tar, a lower purity, injectable heroin, follows as the most common type and is widely available in most western *Pulse Check* cities. Southwest Asian heroin is the least available of the types of heroin and is considered widely available only in Chicago and New Orleans. Southeast Asian heroin is considered widely available only in New Orleans, Portland (ME), and Washington, DC.

Exhibit 1.

How available is heroin across the 20 *Pulse Check* cities (spring 2002)?



^{*}The following symbols appear throughout this chapter to indicate type of respondent: ^LLaw enforcement respondent, ^EEpidemiologic/ethnographic respondent, ^NNon-methadone treatment respondent, and ^MMethadone treatment respondent.



HEROIN

Heroin availability remained stable between fall 2001 and spring 2002, according to the majority of law enforcement and epidemiologic/ethnographic sources. In Philadelphia, availability declined, according to the law enforcement source; however, availability reportedly increased in six sites across the country. Similarly, the various forms of heroin remain generally stable in availability, with exceptions listed in Exhibit 3.

Exhibit 2.

How has overall heroin availability changed (fall 2001 vs spring 2002)?

Boston, MA^E
Columbia, SC^E
Denver, CO^L
Memphis, TN^L
Miami, FL^E
Portland, ME^{L,E}

Baltimore, MD^{L,E}
Billings, MT^{L,E}
Boston, MA^L
Chicago, IL^{L,E}
Columbia, SC^L
Denver, CO^E
Detroit, MI^{L,E}
El Paso, TX^{L,E}
Honolulu, HI^{L,E}
Los Angeles, CA^{L,E}
Memphis, TN^E
Miami, FL^L
New Orleans, LA^{L,E}
New York, NY^{L,E}
Philadelphia, PA^E
St. Louis, MO^{L,E}
Seattle, WA^{L,E}
Sioux Falls, SD^{L,E}
Washington, DC^{L,E}

Philadelphia, PA^L

Exhibit 3.

Which heroin varieties have changed in availability (fall 2001 vs spring 2002)?

Colombian
Boston, MA^E
Chicago, IL^{L,E}
Miami, FL^E
Portland, ME^L

Mexican black tar
Denver, CO^L
Los Angeles, CA^L
Memphis, TN^L
New York, NY^L

Mexican brown tar
Denver, CO^L
Los Angeles, CA^L
Memphis, TN^L
Miami, FL^E

Southeast Asian
Detroit, MI^E
Memphis, TN^L
Portland, ME^E

Southwest Asian
Baltimore, MD^L
Chicago, IL^E
Detroit, MI^E
New York, NY^L
Portland, ME^L

Colombian
Philadelphia, PA^L

Mexican black tar
New York, NY^E

Mexican brown tar
New York, NY^E

Southeast Asian
Chicago, IL^E
New York, NY^E

Southwest Asian
New York, NY^E

How pure is heroin across the country? (*Exhibit 4*) Similar to reports in the last *Pulse Check*, according to law enforcement and epidemiologic/ethnographic sources, street-level South American heroin ranges from 40 to 95 percent, with both extremes reported in Philadelphia. Also, as reported in the last *Pulse Check*, street-level Mexican black tar heroin ranges in purity from 8 percent in Denver to 70 percent in Billings. Purity levels remained stable in most *Pulse Check* cities with a few exceptions: they increased in two northeastern cities (New York^E and Portland [ME]^{L,E}), and they declined in Baltimore^E and Los Angeles^E.

A wide range of heroin adulterants (especially lactose-based additives and baby laxatives) continues to be reported by law enforcement, epidemiologic/ethnographic, and treatment sources, particularly in the Northeast and South. Quinine is a new adulterant (used to increase the heroin “rush”) since fall 2001 according to sources in several cities, including Detroit, Portland, and Washington, DC. Other adulterants reported as new this reporting period include cocaine in Portland, “Golden Seal” and milk thistle (additives found at health food stores) in St. Louis, and meat tenderizer and flour in Washington, DC.

What are street-level heroin prices across the country? (*Exhibit 4*) As reported during the last two reporting periods, one dose (0.1 gram) sells for as little as \$4 for South American heroin in Boston to as much as \$120 for Mexican black tar in Seattle. Sources report declining prices, especially for larger quantities of the drug, in six cities in the Northeast and West: Baltimore^E (for



Exhibit 4.

What are the prices and purity levels of different types of heroin in 19 *Pulse Check* cities?*

MOST COMMON STREET UNIT					1 GRAM	
City/Source	Unit	Size	Purity**	Price**	Purity**	Price**
South American white	Baltimore, MD ^{L,E}	pill, "10 bag,"	NR	down	NR	\$100–\$150
		capsule				down
	Boston, MA ^L	"bundle"	0.1 g	≥80%	NR	NR
	Miami, FL ^L	NR	1 oz	NR	NR	NR
	New York, NY ^E	"bag"	0.1 g	70%/up	≥70%/up	\$90–\$100
	New York, NY ^L	"bag"	NR	80–90%	80–90%	\$60–\$74
		NR	1 oz	80–90%		\$2,000
	Philadelphia, PA ^E	"hit"	NR	71%	NR	NR
	Philadelphia, PA ^L	"bag"	0.3 g	40–95%	70–75%	\$75–\$300
Mexican black tar or brown		"bundle"	10–13 bags	40%		\$100
	Portland, ME ^L	"bag"	0.1 g	≥70–75%/up	NR	NR
	Billings, MT ^L	"bundle"	1 g	50–70%	50–70%	\$260
	Denver, CO ^E	NR	1 oz	40%	8–64%	\$100–\$150
	El Paso, TX ^E	"dime," "deime"	2–3 person hit	NR	NR	NR
	El Paso, TX ^L	NR	0.1 g	NR	NR	NR
	Honolulu, HI ^E	"paper"	0.25 g	25%	25%	\$150–\$200
						down
	Honolulu, HI ^L	"bundle"	0.1 g	NR	NR	\$150–\$300
Unspecified type	Los Angeles, CA ^E	"Mexican ounce"	25 g	down	16–18%/down	\$90–\$100
	Los Angeles, CA ^L	"balloon"	0.1 g	NR	NR	NR
	Memphis, TN ^E	vial	NR	NR	NR	\$100
	Memphis, TN ^L	NR	0.1 g	NR	NR	\$400–\$450
	Seattle, WA ^E	NR	NR	NR	15–25%	\$40–\$65
	Seattle, WA ^L	NR	0.1 g	14–58%	NR	NR
	Chicago, IL ^E	"dime bag"	NR	NR	NR	\$50–\$300
	Chicago, IL ^L	"hit"	0.2 g	NR	NR	\$150
	Columbia, SC ^L	"bundle"	2 g	NR	NR	\$125–\$130
Unspecified type	Detroit, MI ^E	"hit"	NR	20–70%	NR	NR
		"bundle"	10–12 hits	20–70%		\$100–\$200
	Detroit, MI ^L	"dime"	0.1 g	NR	NR	\$100–\$150
	New Orleans, LA ^E	NR	NR	NR	NR	\$300–\$600
	New Orleans, LA ^L	"foil," "hit"	0.5 g	7%	NR	NR
	St. Louis, MO ^E	NR	1 g	NR	NR	\$100
	Washington, DC ^E	"bone" (unadulterated)	NR	40–80%	NR	NR
		"bag" (white)	NR	NR	23%	\$120–\$150
	Washington, DC ^L	"dime bag" (white)	50–75 mg	10–15%	60–70%	\$120–\$140

Sources: Law enforcement and epidemiologic/ethnographic respondents

*Respondents in Sioux Falls did not provide this information. **Changes since fall 2001 are noted as "up" or "down."

NR=not reported

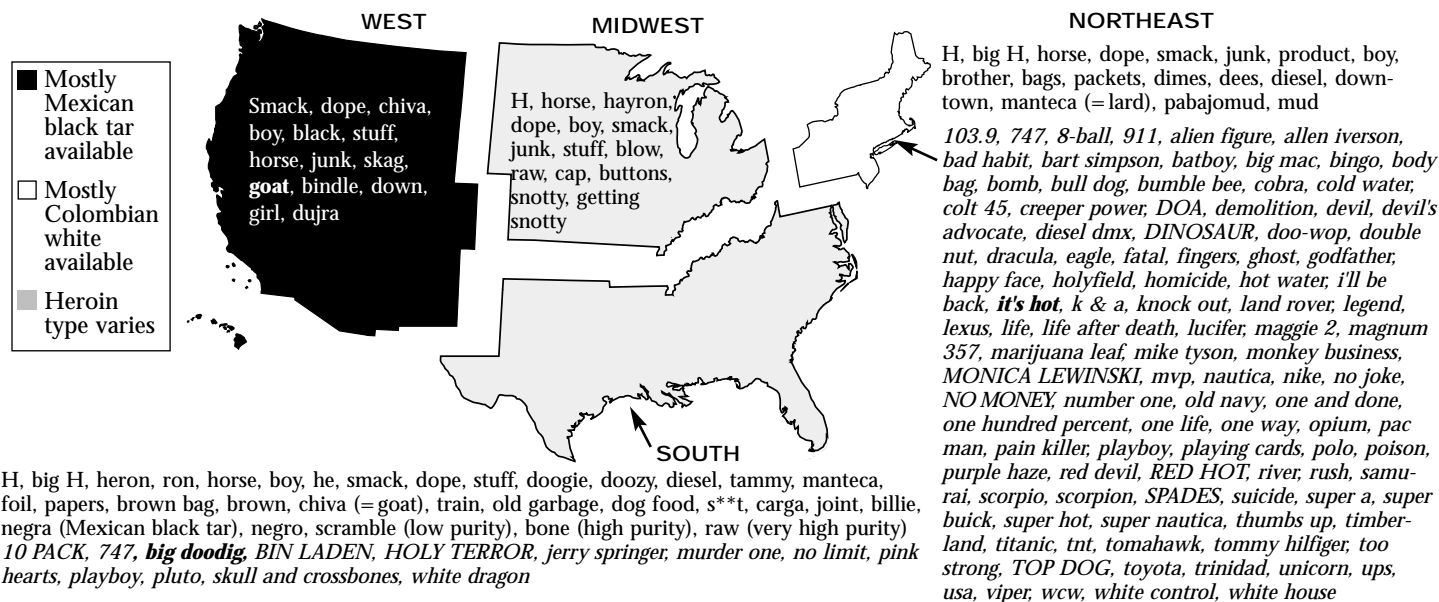
gram quantities), Boston^E, Honolulu^E (for larger quantities), Los Angeles^{L,E}, Miami^L (for ounce quantities), and Portland (ME)^{L,E}. High-end prices increased according to the epidemiologic source in Detroit.

How is heroin referred to across the country, and how are brand names and packaging used as marketing tools? (*Exhibit 5*) As reported in the last *Pulse Check*, street names and brand names proliferate in the Northeast and the South

and are rarer in the Midwest and the West. Slang terms often refer to the heroin packaging: for example "brown bag" refers to the packaging in Memphis and "joint" refers to one plastic bag of heroin in Washington, DC. Often the slang term alludes to

Exhibit 5.

How is heroin referred to, and what types of heroin predominate, in the four regions of the country?*



*Italics refer to dealer brands, which are sometimes interchanged with user street names. Names in all caps are new this reporting period.
Sources: Law enforcement, epidemiologic/ethnographic, and treatment respondents

the type of heroin sold: “tar,” “black,” and “negra” (referring to Mexican black tar heroin) are common slang terms in the South and West, and “china” or “china white” (referring to Southeast Asian powder heroin) are common slang terms reported in Billings, Chicago, Honolulu, Los Angeles, and Memphis.

Dealers use brand names as marketing devices so that buyers can recognize heroin quality and return to that particular dealer for future sales. Brand names tend to change often, especially if buyers recognize a particular brand as low quality or if a dealer suspects that law enforcement personnel are able to connect a heroin brand to a dealer. During this reporting period, 7 new brand names were reported in the Northeast (compared with 18 new ones last reporting period just in Philadelphia) and 5 in the South. Although brand names are still

common in the Northeast and South, they are becoming less common in several cities, including Boston, where dealers fear that labels and brand names may make them vulnerable to law enforcement, and in Philadelphia.

Heroin packaging continues to vary widely in most *Pulse Check* cities, with the most common packaging continuing to be plastic, cellophane, glassine, or coin bags, often the zipper type. Other common packaging includes balloons and “bindles,” in which the heroin is folded, often made of foil, paper bags, plastic wrap, wax paper, magazine pages, or lottery tickets.

Brands can also be identified by the color of the bag in which heroin is sold (as in Boston, Portland [ME], and Washington, DC) or the color of the balloon in which it is sold (as in Memphis). According to the law

enforcement source in Chicago, dealers are no longer inserting popcorn kernels or colored pieces of candy into the plastic heroin-filled bags to identify dealers.

Less common packaging includes condoms in New York; capsules, gel caps, and small glass vials in Baltimore; vials in Memphis; pellets in New Orleans; “seal-a-meals” (heat-sealed plastic bags) in Portland, and brown packing tape inside of duct tape in St. Louis. In El Paso, heroin is wrapped in foil inside a balloon so that dealers can put it in their cheeks or swallow it if they deem it necessary. In Detroit, the variety of heroin packaging has widened since the last reporting period. In Boston, since the last reporting period, packaging has moved toward grams and fractions of grams and away from \$10 bags, bundles, and bricks. Because the “grams” are not weighed and are in rock form

(“eggs”), this marketing technique enables the dealers to convince the buyer that they are getting more heroin for their money.

HEROIN: THE MARKET

Who sells heroin? (*Exhibit 6*)

Heroin sellers are more likely to be independent than organized, especially in the West and South, according to law enforcement sources. Epidemiologic/ethnographic sources are more likely to report organized sales structures than their law enforcement counterparts, and law enforcement sources more often report both independent and organized structures in a particular city than their epidemiologic/ethnographic counterparts.

The intricacies and varieties of heroin sales organizations in many *Pulse Check* cities underscore the challenges in disrupting local markets:

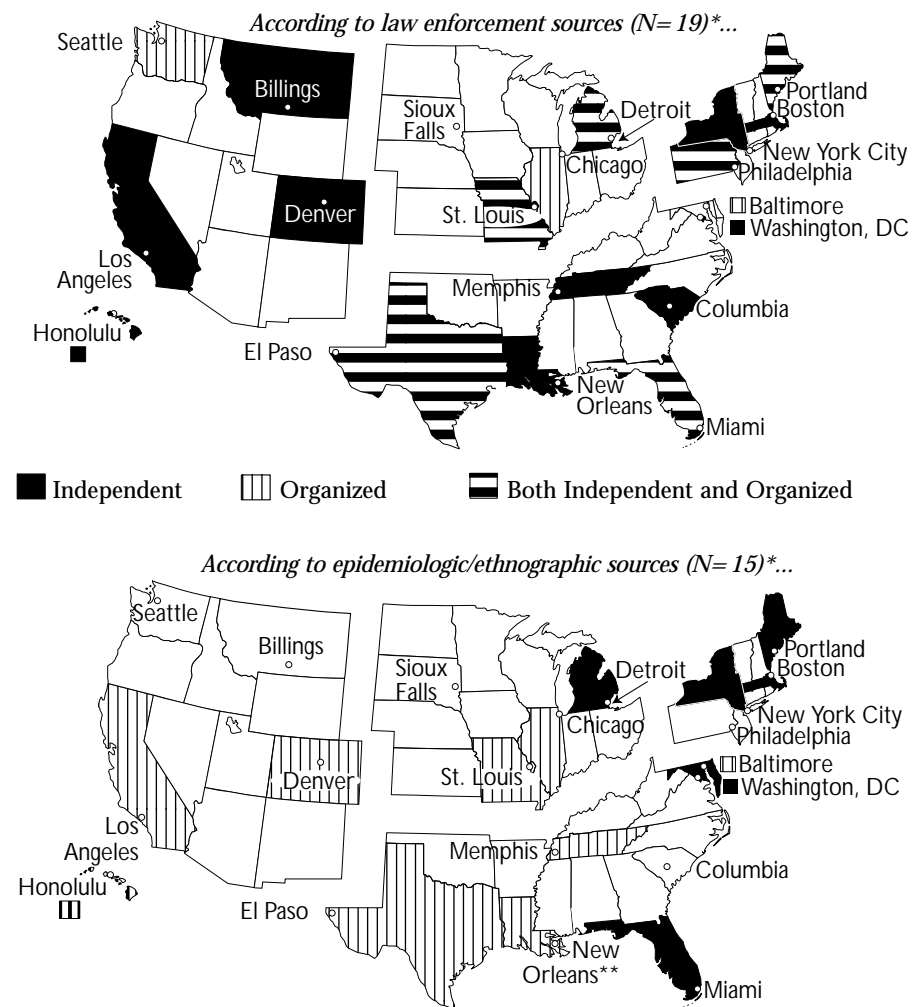
- **Baltimore, MD^E:** Most heroin sellers are highly organized because “to survive on the street you need someone to cover your back.”
- **Denver, CO^E:** Heroin sellers participate in polydrug distribution within small autonomous street cells.
- **Memphis, TN^E:** Heroin sellers are highly organized on an international level.
- **Miami, FL^E:** The organization of heroin sellers often depends on the location of the market. Heroin sellers in the streets tend to be independent, but when selling in the clubs, they tend to be organized in groups.
- **Philadelphia, PA^L:** Although heroin dealers are mostly independent, some small organized groups work together for specific transactions, then separate, and then reform.

■ **Portland, ME^L:** Heroin sellers fall into two groups: independent and organized. Several organized groups travel to Lowell (in nearby Massachusetts) in cars, split into smaller groups as they return, and expand the number of people who distribute the drug after they return to Portland.

■ **Seattle, WA^L:** Heroin dealers fall into two types of structures: (1) street gangs and (2) loosely organized structures in which a “go-between” (a heroin addict who is a liaison between the buyer and the driver) and the driver (the person in the car who has the heroin) work together.

Exhibit 6.

How are street-level heroin sellers organized across the 20 *Pulse Check* cities (spring 2002)?



* The law enforcement source in Sioux Falls did not respond. The epidemiologic/ethnographic sources in Billings, Columbia (SC), Philadelphia, Seattle, and Sioux Falls did not respond.

** This source defined the level of organization as “very loose.”



Law enforcement and epidemiologic/ethnographic sources continue to report young adults (18–30 years) as the most common age group of heroin sellers, but adolescents are sometimes reported. Epidemiologic sources report adolescents more often than do law enforcement sources, and law enforcement sources report older adults (30 years and older) more often than their epidemiologic counterparts.

Only a few law enforcement and epidemiologic sources report any new seller groups or structural changes this semester in *Pulse Check* cities:

- **Baltimore, MD^L, and Washington, DC^E:** Heroin sellers are reportedly younger than they were during the last reporting period.
- **Boston, MA^E:** Sellers are more independent, and sales continue to decentralize. Nearly all sellers now use beepers and cell phones, and many users support their heroin habits by selling the drug.
- **Portland, ME^L:** The organizational structure of heroin dealers is new this reporting period. In the past, dealers were independent locals, but they are increasingly working together.

According to law enforcement and epidemiologic/ethnographic respondents, heroin sellers often use the drug, with 36 percent of respondents reporting them as very likely to use the drug, and 30 percent reporting them as somewhat likely to use the drug. In this respect, they resemble crack and powder cocaine dealers, but differ from marijuana, methamphetamine, and ecstasy dealers, who are even more likely to use the drug that they sell (*see Highlights Exhibit 8*).

How is street-level heroin marketed? Although open-air heroin markets continue to operate in several cities (Chicago, Detroit, Denver, Honolulu, Seattle, and Washington, DC), “underground” sales are common, requiring a wide range of law enforcement strategies to disrupt markets. Dealers commonly employ counterstrategies such as using beepers or cell phones to arrange meetings for the exchange of the drug with buyers (as reported in Boston^L, Honolulu^L, Portland [ME]^L, Memphis^L, Los Angeles^L, Seattle^L, and St. Louis^{E,L}) and creating multitiered marketing structures (as reported in Baltimore^L, Chicago^L, and Detroit^L). Examples of how heroin markets vary from city to city include:

- **Baltimore, MD^L:** A multilayered heroin market, involving a “touter,” “runner,” and “dealer,” is used because sellers will not sell to anyone they don’t know. The touter stands on the street advertising the drug and exchanges money for heroin with the buyer; the runner is the liaison between the touter and the dealer; and the dealer supplies the heroin.
- **Boston, MA^L:** Heroin sellers create a small list of customers to whom they will sell the drug. When contacted by a customer, the seller delivers the drug to a common meeting place or the customer’s house.
- **Chicago, IL^L:** Heroin is sold discreetly inside, with several layers of people selling the drug. For example, on one floor of a house or building a buyer requests heroin, on the next floor the buyer pays for the drug requested, on the next floor someone tells the buyer where to go to obtain the drug, and final-

ly the buyer goes to that location to obtain the drug.

- **Columbia, SC^L:** A contact will direct heroin buyers to a house or around a supermarket. When a buyer’s car arrives at that place, a dealer will approach him/her for a sale.
- **El Paso, TX^L:** Most sales occur indoors after a buyer has been introduced to a seller through a common acquaintance.
- **Philadelphia, PA^L:** In certain neighborhoods, customers will drive by, roll down the car window, and buy the drug.
- **St. Louis, MO^{E,L}:** Buyers must place their “orders” for drugs to the dealer, and then the drug is exchanged hand-to-hand.

What other drugs do heroin dealers sell? (*Exhibit 7*) Heroin dealers continue to sell additional drugs in all *Pulse Check* cities, except for Billings, New York, and Philadelphia, where heroin is sold by itself. Additional drugs most often reported as sold with heroin are crack and powder cocaine. No changes are reported since fall 2001.

What types of crimes are related to heroin sales? Nonviolent and violent crimes are equally involved in heroin sales, according to 20 law enforcement and epidemiologic/ethnographic sources. Common violent crimes include assaults with weapons in New York, Portland (ME), St. Louis, and Washington, DC; gun sales in Philadelphia; rape in Memphis; and homicides in Portland. Reported nonviolent crimes include burglary in Detroit, Memphis, New York, and St. Louis; petty theft and shoplifting in Boston, Memphis,



Philadelphia, Portland, and Washington, DC; petty embezzling in Boston; forgery in Portland; and money laundering in Miami. The epidemiologic source in Portland notes that violence related to heroin sales has increased since the last reporting period.

Prostitution, especially on the part of the users, is reported by 18 law enforcement and epidemiologic/ethnographic sources in all regions of the Nation, and gang-related activities are reported by 15 law enforcement and epidemiologic/ethnographic sources in all the regions. According to the law enforcement source in Denver, gang-related activity has increased since the last *Pulse Check* reporting period.

Where are heroin markets located? Law enforcement and epidemiologic/ethnographic sources continue to agree that most heroin markets are located in central city areas. Additionally, suburban areas are mentioned in Denver, Miami, and St. Louis, and “all areas” are reported in El Paso, Memphis, Miami, New Orleans, New York, and Portland (ME). According to the law enforcement source in Denver, the market continues to shift geographically from central city areas to the suburbs.

Heroin markets continue to be located in open-air markets on streets or on street corners according to law enforcement sources in every city except for Sioux Falls, where heroin is rarely available. The next most common market settings continue to be around public housing developments and inside private residences (as reported in 16 cities each). Crack houses are reported market settings in 10 cities across all 4 regions. Heroin is also commonly sold inside cars, as

Exhibit 7. What other drugs do heroin dealers sell?*

	City	Crack	Powder Cocaine	Marijuana	Other	No other drug sold
Northeast	Boston, MA					✓
	New York, NY	✓	✓	✓	Ecstasy	
	Philadelphia, PA					✓
	Portland, ME				OxyContin [®] and other pharmaceutical opiates	
South	Baltimore, MD	✓	✓	✓		
	Columbia, SC	✓				
	El Paso, TX	✓	✓	✓	Rohypnol (flunitrazepam)	
	Memphis, TN	✓	✓	✓	Pharmaceutical opiates	
	Miami, FL	✓	✓		Ecstasy	
	New Orleans, LA	✓				
	Washington, DC	✓	✓			
Midwest	Chicago, IL	✓	✓			
	Detroit, MI	✓				
	St. Louis, MO	✓	✓	✓		
West	Billings, MT					✓
	Denver, CO	✓	✓	✓	Methamphetamine	
	Honolulu, HI				Varies widely	
	Los Angeles, CA	✓	✓			
	Seattle, WA	✓	✓	✓	Benzodiazepines	

Sources: Law enforcement and epidemiologic/ethnographic respondents

*Respondents in Sioux Falls did not provide this information.

reported in 10 cities located in the Northeast, South, and West. Parks, nightclubs and bars, junior high and high schools, private parties, hotels and motels, and areas around drug treatment clinics continue to be mentioned as common heroin market locations in various cities.

The heroin market has expanded to include new locations in several cities since the last *Pulse Check* reporting period:

- **Denver, CO¹:** New locations for heroin markets include junior high and high schools and private parties.
- **New Orleans, LA¹:** Heroin markets used to be only around housing projects, but now they can be found in a wide variety of locations.
- **Philadelphia, PA¹:** Heroin sales are beginning to move indoors or to

other street corners to avoid law enforcement.

- **Portland, ME¹:** Heroin sales have begun to take place around treatment clinics and inside hotels or motels.

- **Washington, DC¹:** Since the last *Pulse Check*, five new open-air markets for heroin in particular have been opened, typically by dealers 16–18 years old.

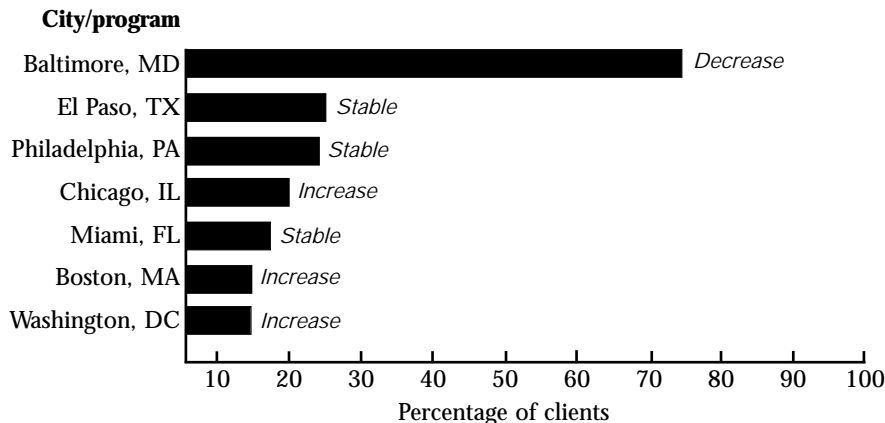
HEROIN: THE USERS

How many heroin users are in treatment? (*Exhibit 8*) As would be expected, heroin is the primary drug of abuse among methadone treatment clients in nearly all *Pulse Check* cities. In Memphis, however, pharmaceutical opiates and benzodiazepines are the primary problems. Among non-methadone treatment clients in *Pulse Check* cities, primary heroin users range from a small percentage of



Exhibit 8.

Which non-methadone treatment programs in *Pulse Check* cities have substantial percentages* of clients reporting heroin as their primary drug of abuse? How have those percentages changed (fall 2001 vs spring 2002)?**



*15 percent or more

**Non-methadone treatment sources did not respond in Denver and New Orleans.

clients (0–5 percent) in places such as Billings, Columbia (SC), Detroit, Honolulu, Los Angeles, Memphis, New York, and Sioux Falls to a high of 75 percent of treatment clients in Baltimore.

Since the last reporting period, several non-methadone treatment programs in *Pulse Check* cities (Billings, Boston, Chicago, Portland [ME], Seattle, and Washington, DC) have reported increases in the number of heroin clients.

The Portland epidemiologic source notes that heroin use has increased, probably because OxyContin[®] abusers are switching to heroin, which is easier to obtain. Increases are also reported in three non-methadone treatment programs where the heroin population is small: Columbia (SC), Memphis, and New York. A decrease in heroin clients is mentioned by the non-methadone treatment source in Baltimore.

Methadone treatment sources report stable numbers and proportions of heroin clients since the last reporting period, except in Honolulu, where they decreased.

How do heroin clients wind up in treatment? According to non-methadone treatment sources, heroin clients are most likely to be referred to treatment by the criminal justice system. By contrast, methadone treatment sources report self-referrals (19 sources) as the most common type of referral, followed by referrals from the criminal justice system (8 sources). Mostly because drug courts are increasingly established in many *Pulse Check* cities, more heroin clients are being referred to methadone and non-methadone treatment by the criminal justice system, including those in Baltimore^M, Billings^N, New York^M, and Seattle^M.

Who uses heroin? As reported in previous *Pulse Checks*, heroin users tend to be White males, older than 30,

of low socioeconomic position, who live in central city areas. However, demographics vary from city to city. For example, although adults (older than 30) predominate according to most sources, young adults (18–25 years) predominate according to sources in eight cities (Columbia [SC]^M, Denver^N, Miami^E, Philadelphia^{E,N}, Portland [ME]^N, Sioux Falls^E, St. Louis^N, and Washington, DC^N), while adolescents predominate as heroin clients according to two sources (in Columbia^N and Denver^M). Mean ages range from 25 (Philadelphia^N) to 46 years (Washington, DC^M).

How do users administer heroin? (*Exhibit 9*) As reported in past *Pulse Check* issues, injecting remains the most commonly reported route of administration. Snorting, however, continues to predominate in many sites, particularly nonwestern sites.

Since the last reporting period, snorting has increased according to eight sources in seven cities: Baltimore^{E,M}, Boston^N (where purity has increased recently), El Paso^M, Memphis^E (where users reportedly have switched from injecting due to fear of HIV), Miami^M (where injecting has declined), New Orleans^E, St. Louis^E (where more new users are snorting). On the other hand, injecting has reportedly increased in Boston^E and Portland^{E,N}, where new hepatitis C cases in young adults are related to an increase in injection among that population.

What other drugs do heroin users take? In some cities, polydrug use remains the norm. Sources in Billings and Philadelphia, for example, explain that most treatment clients are polydrug users: they use whatever

is available on the market. Cocaine (powder or crack) continues to be the most common drug used with heroin, often injected together as a “speed-ball.” Marijuana (to extend the heroin effects), pharmaceutical opiates and benzodiazepines, and methamphetamine (where available) are also reportedly used with heroin. Shifts and variations are reported in the use of heroin and other drug combinations in several *Pulse Check* cities:

■ **Boston, MA^E:** Because the veins of older heroin addicts collapse, many have shifted from injecting a combination of heroin and powder cocaine in a speedball to injecting heroin intramuscularly and, immediately after, smoking crack. Also, recent heroin initiates often combine pharmaceutical opiates, benzodiazepines, or marijuana with heroin.

■ **Los Angeles, CA^E:** The use of pharmaceutical opiates (Vicodin[®], OxyContin[®], and methadone) and crack sequentially with heroin has increased.

■ **Los Angeles, CA^M:** Methamphetamine used sequentially with heroin has increased.

■ **Memphis, TN^E:** Amphetamines or PCP are sometimes used after heroin—a new development this reporting period.

■ **Miami, FL^E:** New heroin users continue to use ecstasy after heroin to “parachute down.”

■ **Seattle, WA^E:** An emerging group of heroin users tends to take methamphetamine in combination with heroin.

Exhibit 9.

How do users administer heroin?

	Injecting is most common in...	Snorting is most common in...	Smoking is most common in...
Northeast	Boston, MA ^{E,M} New York, NY ^M Philadelphia, PA ^{E,N} Portland, ME ^{E,M*}	Boston, MA ^N New York, NY ^E Philadelphia, PA ^M Portland, ME ^{M*,N}	New York, NY ^N
South	Baltimore, MD ^{E*,M*} Columbia, SC ^{E,M} El Paso, TX ^{E,M,N} Memphis, TN ^{E*,M,N} Miami, FL ^{E,N} New Orleans, LA ^{E*,N*} Washington, DC ^{E,M}	Baltimore, MD ^{E*,M*,N} Memphis, TN ^{E*} Miami, FL ^M New Orleans, LA ^{E*,N*} Washington, DC ^N	
Midwest	Chicago, IL ^{N*} Detroit, MI ^{E*,M} St. Louis, MO ^{E,M,N*} Sioux Falls, SD ^{E*}	Chicago, IL ^{N*} Detroit, MI ^{E*,N} St. Louis, MO ^{N*} Sioux Falls, SD ^{E*}	
West	Billings, MT ^{M*} Denver, CO ^E Honolulu, HI ^{E,M,N} Los Angeles, CA ^{E,M} Seattle, WA ^{E,M,N}	Billings, MT ^{E,M*} Denver, CO ^{M**,N}	Denver, CO ^{M**,N}

*Respondent considers injecting and snorting as approximately equal.

**Respondent considers snorting and smoking as approximately equal.

Note: The non-methadone treatment sources in Billings, Columbia (SC), Los Angeles, and Sioux Falls did not provide this information.

Where and with whom is heroin used? Nearly all epidemiologic/ethnographic and treatment sources continue to report that heroin is used privately and alone. Private residences and public housing developments remain the most common settings for heroin use. Several changes or interesting observations are noted since the last *Pulse Check*:

■ **Boston, MA^E:** Other settings for heroin use include the hallways, stairwells, rooftops, and behind dumpsters of public housing

developments; the parking lots of convenience stores and supermarkets; homeless shelters; public restrooms; and abandoned lots.

■ **El Paso, TX^E, and Seattle, WA^E:** Use settings include bathrooms in fast food restaurants.

■ **Memphis, TN^E:** Users increasingly take the drug alone in private residences.

■ **New Orleans, LA^E:** Users increasingly take heroin in public, and motels are a new setting for its use.



HEROIN

The changing nature of heroin users (fall 2001 vs spring 2002)...

Several sources report a younger cohort of heroin users, new since the last Pulse Check:

- **Boston, MA^E:** In blue-collar neighborhoods, some White adolescents (mean age 16) are beginning to inject heroin.
- **Boston, MA^N, and Portland, ME^N:** Heroin clients are now predominantly young adults, compared with the last reporting period when older adults predominated.
- **Miami, FL^M and New Orleans, LA^E:** Younger users (18–30 years) are coming into treatment more often than during the last reporting period.
- **Portland, ME^E:** The older group (older than 30) of heroin users is declining as the younger group (18–30 years) is increasing.
- **St. Louis, MO^N:** This program notes an increase in adolescent heroin use, but that may be because an adolescent treatment program was initiated last summer.
- **Seattle, WA^E, and Washington, DC^E:** More young adults are using heroin than in the past.

By contrast, several sources report an aging heroin-using population:

- **El Paso, TX^E:** Heroin users continue to age, and there are more adults (older than 30) than before.
- **Philadelphia, PA^M:** Heroin clients (mostly adults, 30 years and older) are continuing to age.
- **St. Louis, MO^E:** Although heroin users continue to age, the age of first use is dropping.

A few Pulse Check sources in the South also note shifts in the race/ethnicity of heroin users:

- **El Paso, TX^M:** Hispanics are the predominant heroin users, but more non-Hispanic Whites are coming in for treatment than during the previous reporting period.
- **Memphis, TN^E:** Whites have become the predominant group and are overrepresented compared with the general population.
- **Miami, FL^M:** Hispanics are the predominant heroin users, and more are coming in for treatment during this reporting period.

Other heroin users demographics have reportedly shifted in several Pulse Check cities:

- **Memphis, TN^E:** The trend is toward heroin use in private rather than in public places among White males who snort and inject.
- **Miami, FL^E:** The predominant heroin user residence has shifted from the central city area to the suburbs.
- **New Orleans, LA^E:** The predominant socioeconomic position of heroin users has shifted from lower to middle class, and use is spreading to all areas of the city.
- **St. Louis, MO^M:** Heroin clients are of low socioeconomic position and unemployed more often than before.